2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003883

FILED Mar 21, 2005 Secretary of State

Entity Name: OXFORD MOOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 FEI Number: 59-3658987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 W SR 434 STE 5000 LONGWOOD, FL 32779 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BEEMAN, WALTER RECANATI, NICK Name: Name: 1241 SEMORAN BLVD STE 185 Address: 5830 OXFORD MOOR BLVD Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: WINDERMERE, FL 34786 Title: () Delete Title: (X) Change () Addition LAWSON, E. BRUCE Name: SECHREST, TROY Name: Address: 1241 SEMORAN BLVD. ST E185 Address: 5933 OXFORD MOOR BLVD City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: WINDERMERE, FL 34786 Title: () Delete Title: SD (X) Change () Addition GOKET, FELICIA DREIBELBIS, SHERRY Name: Name: 1241 SEMORAN BLVD, SUITE 185 Address: Address: 5927 OXFORD MOOR BLVD City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: WINDERMERE, FL 34786 () Delete Title: Title: TD () Change (X) Addition Name: Name: WILSON, LINDA 5537 OXFORD MOOR BLVD Address: Address: City-St-Zip: City-St-Zip: WINDERMERE, FL 34786 Title: () Delete Title: () Change (X) Addition WELBRGEN, HANS Name: Name: 5801 OXFORD MOOR BLVD Address: Address: City-St-Zip: City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK RECANATI PD 03/21/2005